



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
31 Mineral		0577 Alberton K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	2	1	78.4	1.80	84	08/18/04	_____	_____
100	2	2	45	1.15	56	08/10/04	_____	_____
100	2	3	62	1.15	54	08/10/04	_____	_____



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State	<input type="checkbox"/>
District	<input type="checkbox"/>
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Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
31 Mineral		0579 Superior K-12 Schools						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	3	1	65.4	1.36	66	08/23/04	_____	_____	
100	3	2	50.8	1.15	57	08/23/04	_____	_____	
100	3	3	59	1.36	66	08/23/04	_____	_____	
100	3	4	113.8	1.36	66	08/23/04	_____	_____	



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
31 Mineral		0582 St Regis K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	112	1.57	78	08/23/04	_____	_____
100	1	2	84.2	0.95	47	08/23/04	_____	_____